

Exhibit 1

AFFIDAVIT

THE STATE OF TEXAS §

COUNTY OF WALKER §

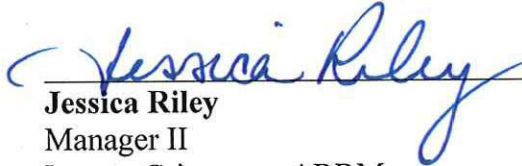
BEFORE ME, the undersigned authority, on this day personally appeared Jessica Riley, who, being by me duly sworn, deposed as follows:

My name is Jessica Riley and I am an employee of the Texas Department of Criminal Justice (TDCJ), a governmental agency. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of records for the Inmate Grievance Department, a part of the TDCJ located in Huntsville, Texas. Attached are true and correct copies of *the grievance records for inmate Barbee, Stephen TDCJ#00999507, for the entire period of his incarceration*, which are kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and a regular practice of the TDCJ, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

I declare under penalty of perjury that the foregoing is true and correct.

"Further Affiant sayeth not."

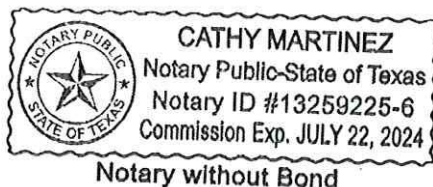


Jessica Riley
Manager II
Inmate Grievance, ARRM
Texas Department of Criminal Justice

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on the 26th day of OCTOBER, 2022.



NOTARY PUBLIC, STATE OF TEXAS



Cathy Martinez
Notary's Printed Name

My Commission Expires:
July 22, 2024



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2022076330
 Date Received: MAR 17 2022
 Date Due: 4/26/22
 Grievance Code: 020
 Investigator ID #: I2845-I2731
 Extension Date: _____
 Date Retd to Offender: SEP 06 2022

Offender Name: Stephen Barker TDCJ # 999507
 Unit: Polinsky Housing Assignment: 12AF 72
 Unit where incident occurred: Polinsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Allen, C.O. When? 3-16-22

What was their response? didn't know

What action was taken? N/A

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

In regard to any future plans for my execution, I have had arm immobility issues for many years, and I cannot extend my arms straight on the gurney or with my palms-up position.

I need to know what if any accommodations are planned for my execution to prevent extreme pain or torture, If I am placed on the gurney with my arms out straight.

C/C A. Richard Ellis
 Attorney at Law
 75 Magee Ave
 Mill Valley, CA 94941
 415-389-6771

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Action Requested to resolve your Complaint.

I don't know how TDCJ will resolve this yet.

Offender Signature: *[Signature]*

Date: *3-16-22*

Grievance Response:

Mr. Barbee claims he cannot extend his arms straight on the gurney with his palms up for his upcoming execution. He states that he would be extreme pain or torture to place his arms straight out with palms facing up.

In response to his claim, there will be no need to have his arms fully extended straight. Based on this Mr. Barbee will not suffer any extreme pain.

Signature Authority: *[Signature]*

A.W. A. Enríquez

Date: *9/6/22*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2nd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3rd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	